### PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

09/581722

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN	
FC	)R	NUMBE	R FILED	NUMBER	NUMBER EXTRA		FEE	] [	RATE	FEE
BASIC FEE					345.00	OR		690.00		
то	TAL CLAIMS	34	minus 2	0= 19		X\$ 9=		OR	X\$18=	254
IND	EPENDENT CL	AIMS 4	minus 3	3 = * /		X39=		OR	X78=	18
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	_
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	·	OR	TOTAL	1020
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A	193102	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• 94	Minus	BH	=	X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus DER	FNIDENT CLAIM	=	X39=		OR	X78=	
<del> -</del>	rino i PHESE	HIMINUN OF MI	VEHICLE DEP	ENDENT CLAIM		+130=	,	OR	+260=	
						TOTAL			TOTAL	<b></b>
						ADDIT. FEE	L	OR	ADDIT. FEE	<u> </u>
<u> </u>		(Column 1)	100 pt. 100 pt	(Column 2)	(Column 3)		<del></del>	, ,	-	·
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***	=	X39=		OR	X78=	
Ĥ	FIRST PRESE			PENDENT CLAIM		+130=		OR	+260=	
		Best A	wailal	ole Cop	C	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
Ĺ		(Column 1)	Tr. 3000000000000000000000000000000000000	(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=	-	OR	X\$18=	<u> </u>
	Independent	•	Minus	***	=	X39=			X78=	<del>                                     </del>
lacksquare	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM			-	OR	}	<del> </del>
-	If the autority and	mn 1 in less than th	an entre in solu-	nn 2 unite seiz :	stump 2	+130=		OR	+260=	
**	If the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For IN THIS aid For IN THIS	mn 2, write "0" in co S SPACE is less tha S SPACE is less that Independent) is the	an 20, enter "20." an 3, enter "3."	7,0011.11 22 1	propriate bo		TOTAL ADDIT. FEE lumn 1.	

# This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE-(CALCULATION SHEET)

APPLICATION NUMBER: 09/58/1928

## Total Fee Calculation

	Fee Cade	Total # Claims	Number Extra	_X	Foo	Fec •	Total
	Տա./Նգ.				Sm. Entity	Lg Entiry	
Basic Filing Fee	2017(0):				345	690 .	690
Total Claims >20	203/103	34 -20 -	14	X	9	18 .	257
Independent Claum; >3	202/102	4	/	X	39	18.	15
Mult, Dep Claim Present	204/104				/30_	260.	
Surcharge	205/105				65	130 .	130
English Translation	139						-
TOTAL FEE CALCULA	TION			.,	· .		1150

Fees	ರಬರ	upon	filing	the	application.
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Total Filing Fees Due = 5 //50

Less Filing Fees Submitted - 5

BALANCE DUE = 5 //50

Office of Initial Patent Examination

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)